



DEPT# \_\_\_\_\_

34 N. Division St  
Battle Creek, MI 49014

Phone: (269) 966-3322  
Fax: (269) 962-0102  
Email: policeadmin@battlecreekmi.gov

## Commendation or Complaint Report

Commendation

Complaint

Last Name

First Name

Middle Name

Age

Race

Sex

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Citizen's Home Address—Include Apt, Suite or Floor (City, State and Zip)

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Citizen's Cell Phone Number

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Citizen's Home Phone Number

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Citizen's Email Address

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Citizen's Work Phone Number

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Location or Address of Occurrence

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Time of Day or Night

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Date of Occurrence

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Officer(s) Involved in the Occurrence—Name, Rank

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Officer's Shift

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### Witness Information

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Witness(es) Full Name & Address

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Witness – Relationship to Citizen Filling out the Form

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Witness-Phone Number

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**Details of the Incident: Provide a full description of the circumstances that prompted your complaint/commendation. (Attach additional pages, if necessary.)**

## **Details of the incident (continued)**